

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-S99157 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/	/	/	/			55						
6	/	/	/	/			56						
7	/	/	/	/			57						
8	/	/	/	/			58						
9	/	/	/	/			59						
10	/	/	/	/			60						
11	/	/	/	/			61						
12	/	/	/	/			62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	/	/	/	/			66						
17	/	/	/	/			67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20	/	/	/	/			70						
21	/	/	/	/			71						
22	/	/	/	/			72						
23							73						
24							74						
25							75						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND													
TOTAL DEP													
100% CLOS													